DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
		155794	B. WING				/08/2013
NAME OF PROVIDER OR SUPPLIER STRATFORD RETIREMENT LLC			1	246	ET ADDRESS, CITY, STATE, ZIP CODE 50 GLEBE ST IRMEL, IN 46032	,	30.20.13
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOWN THE APPLICATION OF CROSS-REFERENCED TO THE APPLICATION OF CORRECTION OF CORREC		D BE COMPLETION	
{K 000}	INITIAL COMMENTS	S	{K (000}			
	A Fire Safety Evaluation System (FSES) and a Post Survey Revisit (PSR) to the PSR conducted on 05/31/13 to the Life Safety Code Recertification and State Licensure Survey conducted on 04/03/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/08/13 Facility Number: 011151 Provider Number: 155794 AIM Number: NA Surveyor: Mark Caraher, Life Safety Code Specialist At this FSES survey, Stratford Retirement LLC was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSES for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). This facility located on the second story of a three story building was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident						
ABORATORY	L DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u> !E		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	455704		B. WING	P. WING			R	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		07/08/2013		
				1	2460 GLEBE ST			
STRATFORD RETIREMENT LLC					CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROF DEFICIENCY)			(X5) COMPLETION DATE	
{K 000} {K 039} SS=F	sleeping rooms. The and had a census of 4 Quality Review by Ro Code Specialist-Media All areas where the re access were sprinkler facility services were some NFPA 101 LIFE SAFE Width of aisles or corrunobstructed) serving	facility has a capacity of 18 If at the time of this visit. bert Booher, Life Safety cal Surveyor on 07/10/13. esidents have customary red and all areas providing sprinklered. ETY CODE STANDARD ridors (clear and as exit access in hospitals	{K (5/3/13	
	care facilities and psy aisles or corridors is a 18.2.3.4 This STANDARD is n Based on observation failed to ensure 1 of 2 clear and unobstructe (96 inches). This defi all residents, staff and Findings include: Based on observation Director during a tour a.m. to 10:45 a.m. on Assisted Living exit ac five feet, four inches (The second floor Assi	at least 8 feet. In limited chiatric hospitals, width of at least 6 feet. 18.2.3.3, not met as evidenced by: In and interview, the facility exit access corridors had a dexit width of at least 8 feet cient practice could affect a visitors. In with the Facility Services of the facility from 10:00 07/08/13, the second floor coess corridor measured 64 inches) in clear width. Sted Living exit access of two paths of egress from						

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	155794 B					R 07/08/2013	
NAME OF PROVIDER OR SUPPLIER STRATFORD RETIREMENT LLC				STR	REET ADDRESS, CITY, STATE, ZIP CODE 460 GLEBE ST CARMEL, IN 46032	<u> </u>	00/2013
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{K 039}	the second floor healt elevator should not be emergency. Based o observation, the Facil acknowledged the se- exit access corridor d	th care area since the e used during a fire n interview at the time of ity Services Director cond floor Assisted Living	{K (039}			